

BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M.D.		01-20 2/15
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	T.A.	R4U	02-01-07
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
= ..... Allowed I ..... Interference  
- (Through numeral)... Canceled A ..... Appeal  
+ ..... Restricted O ..... Objected

Claim	Original	Date
1		9/1/61/02
2		3/7/03
3		2/4/03
4		9/1/61/02
5		6/2/03
6		
7		
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9	✓	✓
10	✓	✓
11	✓	✓
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19	✓	✓
20	✓	✓
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22	✓	✓
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24	✓	✓
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If more than 150 claims or 10 actions  
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